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ABSTRACT

"Spirit possession" of Samoan women is a subconscious channel for venting aggression in a male-dominated society. Research conducted in the Los Angeles Samoan community which retains many of its traditional Samoan values showed that authority and allocation of resources are vested in men; women take care of children and home and are often socially isolated. Although tradition allows men to resort to drunkenness as an outlet, women are not even allowed to express anger. Further, tight conformity to rigid sex roles among Samoan women creates a greater amount of stress. Their culture does, however, provide a culturally accepted mechanism for the release of tension and for managing aggression for Samoan females through "spirit possession." When possessed the females move convulsively and behave violently. Normal sex roles are suspended and the woman is constantly cared for by her family. Spirit possession is an affliction solely of Samoan females and cannot be consciously attempted; it is a construct of the ethnic unconscious. Local medical professionals need to understand the cultural significance of possession in order to respond with an effective mental health program. (KC)

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Research has indicated that since the passage of the community mental health legislation in 1963, institutions and other organizations involved in community mental health services development made significant efforts to provide adequate services available to those in need within all segments of society. Cobb (1972) and Schmidt and Hancey (1979) pointed out that one of the major problems in the development of community mental health services has been the design and delivery of services to members of the lower socio-economic classes and ethnic minorities. Lorion (1973) has suggested that lower class patients are apt to be recommended for less preferable forms of therapy and given poorer diagnoses. Further, the patient's decision to seek therapy is often affected by social class. Therapy costs more for lower class clients, even if the actual cost is minimal, because of less working capital to cover minor costs of therapy, less flexible jobs, increased threat of stigmatization and decreased availability of care. Schmidt and Hancey (1979) argued that these factors often lead lower class people to seek therapy only when the problem is more severe.

Studies concerned with evaluation of services for ethnic minorities cite additional factors inherent in therapeutic interaction. Yamamoto (1978) noted that **among Asian** Americans and Pacific Islanders (i.e. Samoans) the most important problem is the underutilization of mental health services. This is largely due to a combination of attitudes brought by Asians

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from their homeland; such as prejudice against the mentally ill and against mental health services in general. Among Samoan migrants in the Los Angeles harbor area¹ there is a conflict between traditional values and those that are implicit in the Western psychotherapeutic process. Samoan ideology does not recognize personality disorders as a mental illness. Rather, the culture emphasizes outside forces (aitu, ghost intervention), adverse circumstances, lack of education and mannerism as explanations for unusual, "deviant" behavior. Clement studied Samoan concepts of mental illness and treatment in American Samoa. She noted:

Samoan concepts imply that mental problems (other than those caused by brain damage) are an understandable reaction to contemporary pressures impinging upon the person (1974:100).

As a consequence, differential allocation of sex role performance and role expectations in the male dominated Los Angeles Samoan migrant community result in unequal acceptable expression of aggression and ways of coping with anxiety and stress. Males are permitted to exhibit their emotions openly, frequently up to the point of extreme physical violence, such as ma'i ita (a raging anger), resulting in severe wife beating and child abuse. Women are expected to be docile and control themselves at all times. A culturally prescribed means of managing aggression among females is displayed in the context of temporary role reversal (taking on a male authority figure) during states of ma'i aitu (spirit possession). Symptoms of ma'i aitu

¹The Los Angeles community (encompassing cities of Carson, Wilmington, Compton, Harbor City, Torrance, Gardena and San Pedro) is the largest Samoan settlement in continental United States. Population is estimated between 20,000 to 40,000 (Ablon 1971; Chen 1973; Civil Rights Commission 1975).

resemble those of hysterical psychosis. Hirsch and Hollender summarize its features:

It is a state marked by a sudden and dramatic onset, temporarily related to a profoundly upsetting event or circumstance. Its clinical manifestations include hallucinations, delusions, depersonalization, and grossly unusual behavior. Thought disorders, when they occur, are usually sharply circumscribed and very transient . . . The acute episode seldom lasts longer than one to three weeks, and the eruption is sealed off so that there is practically no residue . . . (1969:81).

Under the label hysterical psychosis, Hirsch and Hollender include such non-Western syndromes as amok, latah, imu, plibokto, windigo and witiko.

Langness also proposes cross-cultural applicability of the term, for it may describe a widely distributed type of abnormal behavior (1967:143).

Even though Samoans do not recognize ma'i aitu (spirit possession) episodes as abnormalities in the personality, women patients admitted to local hospitals are frequently diagnosed as "psychotic". Due to the difference in diagnosis, etiology and treatment of illness between Samoan native curers² and Western doctors, Samoan migrants feel that modern medicine is often ineffective. This may be the reason why a community mental health clinic project (1977) failed. Samoan informants stated "We don't have those kind of problems like palagi (whites)". Further, a common complaint is that "Samoan illnesses do not show up on X-rays. So, the doctor doesn't know what to do".

Since, most Western therapists concentrate on the individual patient

²Symptoms of ma'i aitu are recognized by native therapists, taulasea and foma'i, as particular illnesses requiring special treatment. The first specializes in aitu (ghost) related conditions using va'i aitu (spirit medicine), while the second focuses on physical problems using fofo (massage) and herbs.

and utilize some form of a verbal method of therapy, changes have to be made in order to reach Samoan patients in psychotherapeutic interaction. It has been suggested by researchers (Beiser 1977; Wilson 1978; and, Yamamoto 1978) concerned with therapy outcomes that the efficacy of community mental health services for ethnic minorities largely depends on an in-depth understanding of the patient's cultural background before the special needs of each specific group can be addressed in the planning and delivery of psychotherapeutic services.

The present study is concerned with the differential role choices available to males and females as possible bases for differing modes of management of aggression and the reduction of anxiety. Ma'i aitu (spirit possession) is mainly confined to Samoan women and seems to be related to role stress in a male dominated community.

The Samoan Community in Los Angeles

Field work³ indicates the presence of a geographically dispersed, but functional Samoan community in the Los Angeles harbor area. Many of the migrants live in a virtual Samoan world in terms of adherence to traditional values upon migration. In studying the incidence of mental illness in the community, I noted male/female differentials, for women showed a greater susceptibility to psychotic episodes (ma'i aitu, spirit possession) than

³Field work was conducted from April, 1978 to February, 1979 and Spring, 1982 in the Los Angeles harbor area. I would like to express my gratitude to the department of anthropology, University of California, Los Angeles, for providing a research grant which supplemented this study.

men, which may be explained by tensions inherent in the female role.

Sex roles among Samoan migrants are distinctly differentiated. Authority and the allocation of resources is mainly vested in men. In the two areas of social interaction, the family and the church, male dominance prevails. In individual households and aiga (extended family units), older males exert control. Due to the diminution of the matai (family chief) system⁴ in Los Angeles, ministers assumed a great deal of power. Women's organizations, such as Mafutaga Tina (women's fellowship), under the leadership of ministers, deacons and lay preachers, are burdened with fund raising activities in the community (i.e. Bingo games; the sale of a Samoan delicacy, fa'ausi, a mixture of coconut and taro baked in an umu, earth oven). Social intercourse between the sexes is regulated by a strict etiquette. Women are not allowed to attend business meetings of the church. Further, during other social events, they are required to sit separately. These forms of segregation also prevail in certain parts of wedding and funeral ceremonies. In the home, men are served first and, in most cases, eat separately from women. The main responsibility of women is domestic; to bear and rear children. It is not unusual for a man to engage in relationships with several other women in addition to his legal wife. There is little recourse a woman can take upon her husband's infidelity. By contrast, a woman's infidelity is looked upon as a serious transgression of the family honor, for the worst scandal that can befall a family is one involving the purity of the

⁴ In Samoa, due to family landholding, matai are identified with a particular village where they exercise their authority. Lacking land resources and the village council system, which served as traditional bases for status hierarchy, matai in Los Angeles are only concerned with the immediate welfare of their own aiga (extended family network). The size of an aiga in Los Angeles ranges from 50 to 500 individual members.

wife. As an informant explained "A woman is the center of our culture. She keeps the family together; she is the most reliable part of the family". If troubled, men can retreat into a socially approved state of irresponsibility, the most frequent and obvious being that of tagata onana (drunk-ennes). Alcohol frequently serves as a symbol of male peer group affiliation and incipient basis for aggressive behavior, resulting in battered wives and abused children. A good case in point are Mrs. P.'s experiences:

When he (husband) gets ita (angry), he beats me up. When he is drunk the beating gets very bad. Sometimes furniture get broken and I end up in the hospital. I lie about the many bruises. I can't do anything. Sometimes, I go to my parents' house for a few days.

I arrived to an interview shortly after one such incident and found a gaping hole in the front door. Apparently, the husband had tried to break the door down with an ax. In the context of culturally permissible modes of expressing emotions, women are expected to keep their composure. In the words of Mrs.O.:

She (the woman) has to keep it all inside. Anger can not be shown on the face. You always have to keep a smile, even if you are raging mad.

Further, due to the sexual asymmetry (domestic and public orientations of the sexes), women have fewer ways of reducing anxiety. They are barred from drinking in public as a means of escaping from responsibility. This, however, did not prevent some of my female informants from drinking heavily in the the privacy of their home, while their husbands were away at work.

Isolation of women from a significant part of social life dealing with decision making processes sharply limits their access to authority and power within the family and the community. Their position can be looked at more in terms of property to be manipulated, rather than as "equal" partners. Basic Samoan values demand women to conform to tighter role expectation and offer limited avenues of escape.

One of the difficulties in obtaining data was that I could seldom interview a woman without the presence of her husband or other male family members. In order to bypass male supervision, I often spent up to eight hours in the company of an informant (cooking, caring for children, etc.) before a certain measure of intimacy was established. The informal and friendly setting became an acceptable format for gaining information, which did not permit the use of a questionnaire instrument and tape recorder. Data are predominantly based on repeated structured interviews with taulasea (native therapist) and key Samoan women informants. In addition, a casual relationship was developed with many Samoans in the community.

Conformity to Role Expectations

Authors in anthropological literature tend to link culture-bound mental disorders (i.e. susto syndrome) to sex role performance. In male dominated societies women tend to experience a greater chance of "self-perceived" role stress, for the sex roles are more narrowly defined than those of men (Rubel 1960, 1964; O'Neill and Selby 1978; O'Neill 1975). Paul (1967:162) noted that in male-oriented Guatemala there is "but one allowed feminine role, the wife-mother-housekeeper role", and women are barred from "non-domestic activity". Bourguignon pointed out that alternative role choices inherent in "spirit possession trance" allowed women to act out "alternate sets of roles", which ordinarily would be deemed as unacceptable (1965:54-55). There is agreement among some scholars that role reversal aspects during dissociational states serve as therapeutic mechanisms by reducing anxiety and guilt (Mischel and Mischel 1958; Kiev 1966; Pressel 1974; and, Henney 1974).

Among Samoan migrants, the native term ma'i aitu, literally meaning "ghost sickness", denotes the intervention of supernatural entities by possession. The condition is confined to females⁵ and its symptomatology closely resembles that of hysterical psychosis. Ma'i aitu is, however, not conceptualized by Samoans as an emotional disorder.⁶ Kennedy stresses a distinction between Western and non-Western conceptions of mental disorders on the bases of differences in normative evaluations of "abnormal" behavior. He points out that behavior patterns labeled as "character disorders" in Western societies may be regarded as within the "normal range" in traditional cultures (1974:1173). Hallowell (1955:251) argues that each culture provides frames of references which arouse certain responses and not others. It also defines the particular forms emotional expressions may take. He writes "It is to these norms that the individual learns to accomodate his behavior and in terms of which his affective experience will function".

Conformity is the result of a long process of training. Mrs. A.'s husband relates how Samoan females come to know the guides for proper role behavior:

Women learn when they are growing up how things are. So, that when they grow up, they see that this is how it is. Well, they (women) would not know any different. The man is the head of the family. It has always been that way.

⁵References were made to instances of ma'i aitu (spirit possession) among men. It is, however, extremely rare. No one actually witnessed such an event.

⁶There is a Samoan term ma'i valea, which translates as "mad", "insane", or "stupid" (Milner 1978:312). The term is utilized in the context of two distinct conditions: (1) Organic (brain damage at birth, etc.). These conditions are deemed incurable, and (2) Deviant behavior (use of narcotics, transgression of social etiquette). The latter is believed to be temporary and curable by a change in behavior patterns. See also Clement (1974:xvi).

Cultural validation of role allocation is fortified by Christian principles. Christianity was readily accepted in Samoa (Keesing 1934:410). Holmes noted that biblical stories of the patriarchal family and the authority of the father closely corresponded with the structure of traditional Samoan families (1974:61-63). The Bible is frequently utilized to validate male superiority. In Mrs. F.'s summation: "God made men and women separately and the woman will always be weaker. The Bible says that the man is always the head". Her husband supported her statement: "God created man first and then created a woman to serve him. This is how it is". Indeed the major responsibility of a married woman is serve her husband. Although a mother asserts a good deal of control over younger children, she is supposed to be naive about worldly matters and occupy herself with housekeeping affairs. A large family is believed to be a "blessing". Having many children is not necessarily a preference. One informant stated: "I have to follow his decision. I only wanted two children, but my husband wanted many, Fa'a Samoa (the Samoan way). Eight is too many. But, we have to accept it". The sexual division of labor in a Samoan family starts at an early age. Young girls are required to care for small babies. Further, they are expected to be more submissive, while boys are permitted to openly exhibit aggressive behavior (i.e. fights).

Tight conformity to rigid sex roles among women creates a greater amount of stress. However, each culture not only produces its own characteristic tensions and strains, but also provides mechanisms for the release of these tensions and strains. Ma'i aitu (spirit possession) is a culturally acceptable means of managing aggression for Samoan females through role reversal. It should be pointed out that when discussing probabilities of

ma'i aitu, personality variables, organic predisposition and other factors should also be considered. Management of aggression through ma'i aitu is not by conscious choice, but by unconscious progression within the cultural frame. The construct of "ethnic unconscious" developed by Devereux (1956) can explain the culture-bound nature of the episode:

This is that portion of the total unconscious segment of the individual psyche which is shared with most members of a given culture in that : . . society or culture permits certain impulses, fantasies and the like to become and to remain conscious, while requiring others to be repressed. The members of a given culture are likely to have repressed the same things and thereby to have certain unconscious conflicts in common (1956:25-26).

During possession states "unconscious conflicts in common" appear in the context of a prescribed cultural pattern. Without warning, the possessed woman demonstrates the stereotypic shaking and convulsive movements. She may also behave in a violent fashion (biting, screaming, spitting, etc.), requiring the assistance of up to five adult males to "hold the woman down". From episode to episode the behavior is always consistent and predictable. Dilating eyes are frequently accompanied by bouts of vomiting. A conscious attempt at ma'i aitu would be most difficult, for it is quickly recognized as a "put on". One female informant states:

The ghost wanted to send a young woman to a vacation in Samoa. She didn't have any money. She started shaking and said "my mother wants me to go back to Samoa . . . if, you don't, the aitu (ghost) will kill me". But, we could tell that she pepelo (faked) ma'i aitu. She just wanted money for a good time.

Validation of spirit possession is by both the native therapist and the family. Therapeutic intervention differs from therapist to therapist, depending on their own secret "va'i aitu" (spirit medicine). The most important phase of each episode is the role reversal part, when the patient takes on the personality of the possessing aitu (ghost). These are male

figures (deceased relatives). In a deep male voice of authority, the ghost expresses why he is "in the woman". The therapist will identify the possessing aitu and request how "to make up". Frequently, detailed instructions are given concerning a specific matter in need of reconciling. In order to appease the aitu, the family must comply to the fullest. During the possession episode, normal role expectations are suspended. The patient is constantly watched and cared for by her family and the attending native therapist. She becomes the focus of attention and alofa (love). Through ritualistic bathing (with herbal concoctions) and fofo (massage) the woman is made to feel a valued part of her aiga. She is always amnesic for the period of ma'i aitu and the family will relate the event to her in great detail. The final phase of recovery, fa'alanu, lasts three days. The episode can reoccur if the aitu demands are not properly implemented.

Summary

Extensive field work in the Los Angeles harbor area evidenced the existence of a relatively dispersed, but functioning Samoan migrant community. Many of the migrants retained adherence to traditional cultural values upon migration, thereby creating a Samoan ethnic enclave within the larger metropolis. The community is characterized by a network of strong family and religious ties, sexual asymmetry in the construction of individual role choices, and differential allocation of culturally prescribed ways of managing aggression and reducing anxiety for males and females.

Due to limited role choices, women experience greater stress and anxiety and fewer avenues of escape from responsibilities than men. Ma'i aitu

(spirit possession) is a culturally prescribed, subconsciously patterned condition which serves as a basis for the management of aggression among women through a temporary sex role reversal. As Samoan ideology does not recognize personality disorders as a mental illness, the focus of native therapy is to restore psychosocial homeostatis; a process in the context of which the "possessed woman" is reintegrated into her family network as a valued, functioning individual.

By not realizing the cultural significance of possession states, emphasizing individually oriented therapy (the exclusion of the family from the process), and treatment of symptoms, local medical professionals failed to achieve appropriate cure. In order to respond with an effective mental health program to the felt needs of the Samoan community in Los Angeles, an in-depth understanding of native etiology and illness behavior is needed on the part of the health care providers. Until such time, ma'i aitu among Samoan migrant women will remain the one significant avenue open for the management of aggression.

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